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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner E. Wojciechowicz
Group Art Unit 2815, USPTO

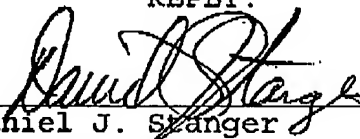
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

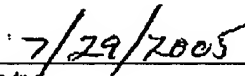
Re: USSN 10/772,391
Attorney Docket No.: T&A-125

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Form PTO-1083; and
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Daniel J. Stanger
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FORM PTO-1083

PATENT

Case Docket No. T&A-125

In RE application of T. KAWATA

Serial No.: 10/772,391

Group Art Unit: 2815

Filed: February 6, 2004

Examiner: E. Wojciechowicz

For: SEMICONDUCTOR DEVICE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Percent Extra
Total	* 15	Minus	** 20	-	0
Indep.	* 5	Minus	*** 5	-	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☐ A check in the amount of \$ _____ is attached in payment of:

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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1800 Diagonal Rd., Suite 370
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(703) 684-1120By: Daniel J. Stanger
Registration No. 32,846
Attorney for Applicant(s)

Date: July 29, 2005

T&A-125

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. KAWATA et al

Serial No. 10/772,391

Group Art Unit: 2815

Filed: February 6, 2004

Examiner: E.J. Wojciechowicz

For: SEMICONDUCTOR DEVICE

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 29, 2005

Sir:

In Reply to the Office Action mailed June 1, 2005, please
amend the above application as set forth below.

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